STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	010680	A. BUILDING: _____ B. WING _____	C 10/14/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KEEPSAKE VILLAGE OF COLUMBUS	2564 FOXPOINTE DR COLUMBUS, IN 47201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint IN00183602. Complaint IN00183602 - Unsubstantiated due to lack of evidence. Survey dates: October 13 & 14, 2015 Facility number: 010680 Provider number: 010680 AIM number: N/A Census bed type: Residential: 38 Total: 38 Sample: 7 Keepsake Village of Columbus was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey and to the Investigation of Complaint IN00183602. QR completed by 34849 on October 15, 2015.	R 000		